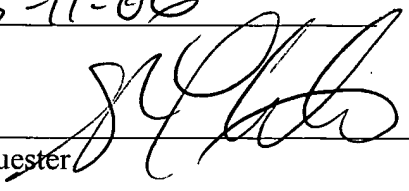


## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 5-11-06  
  
Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Serial No.: 09/736,661

Filed: December 14, 2000

Confirmation No.: 8279

Group Art Unit: 2613

Examiner: An, Shawn S.

Docket No.: A-6280 (191910-1750)

**For: System and Method for Adaptive Video Processing with Coordinated Resource Allocation**

The following is a list of documents enclosed:

- Return Postcard
- Petition for Extension of Time (1 Month)
- Amendment Transmittal Page
- Fee Transmittal
- Form 2038 authorizing \$120.00 for 1 Month Extension of Time
- Amendment and Response to Restriction Requirement

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

TFW 2613

# AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Rodriguez, et al.



Docket No.

A-6280 (191910-1750)

Serial No.  
09/736,661

Filing Date  
December 14, 2000

Examiner  
An, Shawn S.

Confirmation No.  
8279

Group Art Unit  
2613

Invention: **System and Method for Adaptive Video Processing with Coordinated Resource Allocation**

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is Amendment and Response to Restriction Requirement in the above-identified application.

The fee has been calculated and is transmitted as shown below

## CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	39 =	0	X \$50.00	\$0
INDEP. CLAIMS	5 -	7 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 34,367

Date

5-11-06